

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS — PLEASE TYPE OR PRINT

THE CLEVELAND MUSEUM OF ART
FIFTY-SECOND ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 5 to JUNE 13, 1971

Born in Cleveland ☐ Yes ☒ No
Entered Previous May Shows? ☐ Yes ☒ No

☒ Miss ☐ Mrs. ☐ Mr. Artist Janice
FIRST NAME

Leyskauf
LAST NAME

Permanent Address 5901 Charles Ave Panna
STREET CITY

44129 Cuyahoga Tel. () 884-1356
ZIP COUNTY AREA CODE

Temporary Address 1906 E 120th St. Cleveland 44106
STREET CITY ZIP

Tel. () 421-3109 Collaborator _____
AREA CODE (IF ANY)

Collect return shipment desired. ☐ Yes ☒ No

Shipping address _____

This form in triplicate is made up of N C R paper which does not require carbon paper.
One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 13, 1971.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Janice Leyskauf
SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9:00 a.m. to 4:45 p.m. at Museum Service Entrance (West side of Museum)

REJECTED ENTRIES: May 8 - May 15, 1971

ACCEPTED ENTRIES: June 19 - June 26, 1971

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE OF \$2.00 MARCH 13 THROUGH MARCH 20, 1971.

EACH BOX INDICATES A SEPARATE ENTRY
LIMIT OF 2 ENTRIES PER PERSON

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|-------------------------------|--|------------------------------|---|---------------------------------|----------------------------|----------|----------|--|----------|
| CATEGORY | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | | | |
| MEDIUM | <u>12" x 18" mixed media</u> | | | | | | | | |
| TITLE | <u>Therapy is not ceiling to light</u> | | | | | | | | |
| PRICE OR INSURANCE VALUE | <u>\$1,250</u> | | SIZE <u>24 1/2" x 18"</u> | | | | | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | | | | | | |
| NUMBER FOR SALE <u>2</u> | NUMBER IN EDITION | PRICE UN-FRAMED <u>\$750</u> | PRICE OF FRAME <u>\$50</u> | NO. OF FRAMES FOR SALE <u>1</u> | | | | | |
| DO NOT WRITE IN THIS SECTION | | | | | | | | | |
| <u>52 (3)</u> | | | <table border="1"> <tr> <td>ACCEPTED</td> <td>REJECTED</td> </tr> <tr> <td></td> <td><u>X</u></td> </tr> </table> | | | ACCEPTED | REJECTED | | <u>X</u> |
| ACCEPTED | REJECTED | | | | | | | | |
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| CATEGORY | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | | | |
| MEDIUM | <u>12" x 18" mixed media</u> | | | | | | | | |
| TITLE | <u>Time the Home Features</u> | | | | | | | | |
| PRICE OR INSURANCE VALUE | <u>\$1500</u> | | SIZE <u>24 1/2" x 35 1/2"</u> | | | | | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | | | | | | |
| NUMBER FOR SALE <u>2</u> | NUMBER IN EDITION | PRICE UN-FRAMED <u>\$1000</u> | PRICE OF FRAME <u>\$500</u> | NO. OF FRAMES FOR SALE <u>1</u> | | | | | |
| DO NOT WRITE IN THIS SECTION | | | | | | | | | |
| <u>53 (3)</u> | | | <table border="1"> <tr> <td>ACCEPTED</td> <td>REJECTED</td> </tr> <tr> <td><u>X</u></td> <td></td> </tr> </table> | | | ACCEPTED | REJECTED | <u>X</u> | |
| ACCEPTED | REJECTED | | | | | | | | |
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| DATE RECEIVED | BY |
| | |